



CONTINUED PROSECUTION APPLICATION (CPA) REQUEST TRANSMITTAL

Submit an original, and a duplicate for fee processing.
(Only for Continuation or Divisional applications under 37 CFR 1.53(d))

CHECK BOX, if applicable:

☒ DUPLICATE

Address to: Assistant Commissioner for Patents Box CPA Washington, DC 20231	Attorney Docket No.	19338CA
	First Named Inventor	L. H.T. Van Der Ploeg
	Express Mail Label No.	EM230306466US
	Total Pages	47

This is a request for a ☒ continuation or ☐ divisional application under 37 CFR 1.53(d),
(continued prosecution application (CPA)) of prior application number 08 / 554,424
filed on 11/6/95, entitled PROCESS FOR IDENTIFYING PARACATION CHANNEL MODULATOR

NOTES

FILING QUALIFICATIONS: The prior application identified above must be a nonprovisional application that is either: (1) complete as defined by 37 CFR 1.51(b) and filed on or after June 8, 1995, or (2) the national stage of an international application in compliance with 35 U.S.C. 371 and filed on or after June 8, 1995.

C-I-P NOT PERMITTED: A continuation-in-part application cannot be filed as a CPA under 37 CFR 1.53(d), but must be filed under 37 CFR 1.53(b).

EXPRESS ABANDONMENT OF PRIOR APPLICATION: The filing of this CPA is a request to expressly abandon the prior application as of the filing date of the request for a CPA. 37 CFR 1.53(b) must be used to file a continuation, divisional, or continuation-in-part of an application that is not to be abandoned.

ACCESS TO PRIOR APPLICATION: The filing of this CPA will be construed to include a waiver of confidentiality by the applicant under 35 U.S.C. 122 to the extent that any member of the public who is entitled under the provisions of 37 CFR 1.14 to access to, copies of, or information concerning, the prior application may be given similar access to, copies of, or similar information concerning, the other application or applications in the file jacket.

35 U.S.C. 120 STATEMENT: In a CPA, no reference to the prior application is needed in the first sentence of the specification and none should be submitted. If a sentence referencing the prior application is submitted, it will not be entered. A request for a CPA is the specific reference required by 35 U.S.C. 120 and to every application assigned the application number identified in such request, 37 CFR 1.78(a).

- ☐ Enter the unentered amendment previously filed on _____ under 37 CFR 1.116 in the prior nonprovisional application.
- ☐ A preliminary amendment is enclosed.
- This application is filed by fewer than all the inventors named in the prior application, 37 CFR 1.53 (d)(4).
 - ☐ **DELETE** the following inventor(s) named in the prior application:

 - ☐ The inventor(s) to be deleted are set forth on a separate sheet attached hereto.
- ☐ A new power of attorney or authorization of agent (PTO/SB/81) is enclosed.
- Information Disclosure Statement (IDS) is enclosed:
 - ☐ PTO-1449
 - ☐ Copies of IDS Citations

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EXPRESS MAIL CERTIFICATE	
DATE OF DEPOSIT	April 28, 1998
EXPRESS MAIL NO.	EM230306466US
I HEREBY CERTIFY THAT THIS CORRESPONDENCE IS BEING DEPOSITED WITH THE UNITED STATES POSTAL SERVICE AS EXPRESS MAIL "POST OFFICE TO ADDRESSEE" BEFORE 5 P.M. ON THE ABOVE DATE IN AN ENVELOPE ADDRESSED TO ASSISTANT COMMISSIONER FOR PATENTS, BOX CPA, WASHINGTON, D.C. 20231.	
MAILED BY <u>[Signature]</u>	DATE <u>April 28, 1998</u>

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CLAIMS	(1) FOR	(2) NUMBER FILED	(3) NUMBER EXTRA	(4) RATE	(5) CALCULATIONS
	TOTAL CLAIMS (37 CFR 1.16(c))	16	-20 =	0	x \$ 22 \$0.00
	INDEPENDENT CLAIMS (37 CFR 1.16(b))	2	-3 =	0	x \$ 82 \$0.00
	MULTIPLE DEPENDENT CLAIMS (if applicable)(37 CFR 1.16(d))			+ \$270	
				BASIC FEE (37 CFR 1.16(a))	\$790.00
				TOTAL =	\$790.00

6. The Commissioner is hereby authorized to credit overpayments or charge the following fees to Deposit Account No. 13-2755:

- a. ☒ Fees required under 37 CFR 1.16.
 b. ☒ Fees required under 37 CFR 1.17.
 c. ☒ Fees required under 37 CFR 1.18.

7. ☐ Other:

NOTE: The prior application's correspondence address will carry over to this CPA UNLESS a new correspondence address is provided below.

10. NEW CORRESPONDENCE ADDRESS

<input checked="" type="checkbox"/> Customer Number or Bar Code Label	Customer No. 000210 (insert Customer No. or Attach bar code label here)	or <input type="checkbox"/> New correspondence address below
NAME		
ADDRESS		
CITY	STATE	ZIP CODE
COUNTRY	TELEPHONE	FAX

11. SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED

NAME	J. Mark Hand	REGISTRATION NO.	36,545
SIGNATURE	<i>J. Mark Hand</i>		
DATE	4/28/98		